



2019 Dental Comparison Chart

	Dental Health Maintenance Organization (DHMO)	Dental Preferred Provider Organization (DPPO)
Bi-weekly dental contributions for employees		
Employee only	\$4.24	\$17.11
Employee + 1	\$9.72	\$39.34
Employee + 2 or more	\$13.32	\$53.87
Monthly dental contributions for retirees		
Retiree only	\$8.48	\$34.22
Retiree + 1	\$19.44	\$78.68
Retiree + 2 or more	\$26.64	\$107.74
Plan features		
Preventive services: Cleaning and oral examinations, bitewing X-rays	Preventive services - \$0	The plan pays 100 percent of services up to usual and customary limits. \$0 deductible.
Basic services: Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling	Extraction, Coronal remnants - \$9 Periodontal scaling - \$14-\$24 Root canal therapy, molar - \$162	After you pay the annual deductible, the plan will pay 80 percent of services, up to usual and customary limits.
Major services: Initial fixed bridgework, crowns and dentures, replacement of bridgework	Crown, titanium - \$210 Complete denture, maxillary - \$260 Immediate denture, maxillary - \$270	After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits.
Orthodontic services: Covered services up to two years	Adult, 24-month case - \$2,000 Adolescent, 24-month case - \$1,800 Interceptive ortho service - \$1,100 (primary and transition dentition)	After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits. The lifetime maximum benefit is \$1,000 per individual.
Service area	Houston Area Counties	Anywhere in the United States
Annual maximum benefit	No annual maximum benefit	\$2,000 per individual
Annual deductible	No annual deductible	\$50 for each individual/\$150 family
Referrals for specialty care	PCD must refer patient to specialist	Not required
To receive reimbursement	Filing a claim is not required	Complete and submit a claim form